

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767637

1. Corporation Name

THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

2141 LOCH RANE BLVD.

2141 LOCH RANE BLVD.

#107

#107

ORANGE PARK FL 32073

ORANGE PARK FL 32073

US

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1983

5. FEI Number

59-2467722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PATERNO, JOSEPH	24311 WALDEN CENTER DRIVE, STE.	BONITA SPRINGS FL 34134
VD	GRIGGS, NANCY EARL, GARY	3405 N.W. FEDERAL HIGHWAY #104 1801 LEE RD, #230	JENSEN BEACH FL 34597 WINTER PARK, FL 32789
SD	KRESS, MARY HELEN THOMPSON, NANCY	1750 17TH STREET, BLDG. J-2 205 E. MAIN ST #107	SARASOTA FL 34234 BARTON, FL 33830
TD	GRAFEL, LYNN	2141 LOCH RANE BLVD., #107	ORANGE PARK FL 32073
			6800003509176--2 -12/20/00--01076--023 ****244.00 ****235.25

8. Name and Address of Current Registered Agent

PATERNO, JOSEPH
24311 WALDEN CENTER DRIVE
SUITE 200
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN H. GRAFEL

11-17-00

Date

904.213.3050 X33

Daytime Phone #